•								Application or Docket Number						
	PATENT		10-706670											
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			30		· •		-	RATE FEE		FEE	1	RATE	FEE	
FOR			NUMBER FILED .		NUMB	JMBER EXTRA		BASIC FEE 385.00		385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			30 _{minus} 20=		*	10		X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 =		*	1.		X43=			OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn _. 2	J	TOTAL			Į` I	TOTAL		
4/6/6 CLAIMS AS AMENDED - PART II								01444			•	OTHER		
_	17	(Column 1)	1	(Colun		(Column 3)		SMAL	.L. E	NTITY	OR I	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT	-	NUME PREVIO	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.20	Minus	30	2	= 6		X\$ 9=	1		OR	X\$18=		
	Independent	・ユ	Minus	•••4	2 	-0	X43=			OR	X86=			
	FIRST PRESE	PENDENT	CLAIM		Ì	+145=			OR	+290=				
								TOT	AL		OP.	TOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)							ADDIT. FE	: E L	:		AUUII. PEEI		
AMENDMENT B		CLAIMS		HIGH	EST		Г		Т	ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		·	OR	X\$18=		
	Independent	*	Minus	###	CI AIA4			X43=			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=		
								TOTA			OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													ľ	
ENTC	.`	CLAIMS REMAINING AFTER AMENDMENT		HIĞHI NUME PREVIO PAID I	BER BUSLY	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=	1	:	OR	X\$18=		
	Independent	*	Minus	***		=	 	X43=	†		OR	X86=		
7	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	\dagger			(200		
* H	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADI									E	•	OR ,	ADDIT. FEE		
	The "Highest Num	aber Previously Paid	d For" (Total or	Independe	ent) is the	highest numbe	r fou	nd in the	appr	opriate box	in col	umn 1.		

FORM PTO-875 (Rev. 10/03)

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